

Request for Death Certificate

Please print out this form, fill it in, include payment, and mail to:

Holden Town Clerk, Town Hall, 1196 Main Street, Holden, MA 01520-1092

Full name of person on the record of death

First Middle Last

Date of Death

Month/Day/Year

Exact Location of this Death

Hospital, Nursing Home, etc.

Signature of Requester

Daytime telephone number

Return Mailing Address

*Fee is \$10.00. Personal checks will be accepted by in-state residents. Out-of-state requests must be by money order or certified bank check. Make personal check, money order or certified bank check payable to "**Holden Town Clerk**" and enclose a self addressed stamped envelope.*